THE UNITED STATES PATENT AND TRADEMARK OFFICE § ASAF LEVI ET AL. 10/617,756 Serial No.: Group Art Unit: 2857 July 14, 2003 Filed: A METHOD FOR INDICATING THE For: INTEGRITY OF USE-INFORMATION OF A Attorney Docket: 2808/13 **COMPUTER PROGRAM** § Examiner: Edward Raymond Commissioner of Patents and Trademarks Washington, DC 20231 **RESPONSE TRANSMITTAL** Sir: Applicant is a: (1) verified statement attached X small entity X verified statement filed other than small entity The fee for claims 37 CFR1.16(b)-(d) has been calculated as shown below: (2) OTHER THAN A SMALL ENTITY SMALL ENTITY **CLAIMS** AMENDED OR RATE FEE RATE <u>OR</u> <u>OR</u> 3 x 100= 1\$300 INDEP CLAIMS <u>or</u> TOTAL TOTAL \$300 15 _X_ is filed herewith (3) An amendment has been filed Please charge the extension fee and any other amount required to Deposit Account No. 06-2140. (4) A duplicate copy of this form is enclosed. Respectfully submitted,

Mark M. Friedman
Attorney for Applicant

Registration No. 33,883

Date: January 23, 2005.

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 10617756											6		
CLAIMS AS FILED - PART I (Column 1) (Cotumn 2)								MALL EN	\	OR	OTHER SMALL E		
TOTAL CLAIMS							ſ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUM			ER EXTRA 8/		BASIC FEE	375.00	ÓR	BASIC FEE	750.00	
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INDEPENDENT CLAIMS			minus 3 =				Ī	X42=		OR	` X84=		
MUL	TIPLE DEPEN	DENT CLAIM PR	RESENT				Ī	+140=	1	OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							Ł	TOTAL	375	OR	TOTAL		
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL		
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MEN	independent	. 6	Minus	*** 3		= 3		KO KO	350.W	OR	\$0000 X8 4=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		ØR	+280=		
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ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
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(Column 1) (Column 2) (Column 3)													
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Ę		AFTER		PREV	TOUSLY D FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
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K	FIRST PRESE	NULTIPLE DE	PENDE	NT CLAIN					OR		1		
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE											ADDIT. FEE		
**	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												